

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-042440

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED OCT 30 1963

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN

Clayton

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

# 22 Ridgemoor Dr.

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

St. Louis

c. CITY  
OR  
TOWN

University City

Inside Limits

Yes ☒ No ☐d. STREET  
ADDRESS

601 Westgate Ave.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

GRACE

GOLDFARB

STIEFFELMAN

4. DATE  
OF  
DEATH

Month

Day

Year

OCTOBER 6th, 1963

## 5. SEX

Female

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☐  
Widowed ☐ Divorced ☒

## 8. DATE OF BIRTH

unk.

## 9. AGE (last birthday)

Abt. 77

## IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)

At Home

## 10b. KIND OF BUSINESS OR INDUSTRY

New York

## 11. BIRTHPLACE (City and state or country)

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Unknown

## 13b. MOTHER'S MAIDEN NAME

Rose Bonnie

## 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of)

Unk.

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Mr. D.A. Stiffelman # 22 Ridgemoor

18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Unknown natural causes

INTERVAL BETWEEN  
ONSET AND DEATH

Unk

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

## DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT SUICIDE HOMICIDE

☐☐☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month; Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her  
him alive on \_\_\_\_\_  
Death occurred at approx. 9:00 AM \_\_\_\_\_ on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

10/12/63

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

## 23b. DATE

10/7/63

## 23c. NAME OF CEMETERY OR CREMATORY

Mt. Sinai Cemetery

## 23d. LOCATION (City, town, or county)

St. Louis County Missouri

## 24. FUNERAL DIRECTOR

ADDRESS

HERMAN RINDSKOPF INC. 5216 DELMAR

## 25. DATE RECD. BY LOCAL REG.

10-7-63

## 26. REGISTRAR'S SIGNATURE

John C. Murphy Jr.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

STATE OF

NEW YORK

County of

City of

State of

County of

Decedent's Name

Age

Sex

Color

Height

Weight

Build

Complexion

Birth Date

Birth Place

Marital Status

Education

Occupation

Religion

Decedent's Residence

Decedent's

Decedent's

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Peter B. Dubrouille*

Licensed Embalmer No. 3691

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Embalmed by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_, under supervision of \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_.

Embalmed by \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_.